

EMS Sub-Committee for Data Collection Summary

The following notes were taken at the EMS Commission Sub-Committee Meeting that occurred at Decatur Twp. Fire Department on September 12, 2012.

Attendees: Michael Lockard, Chairman, Charles Valentine, Member, Rick Archer, Member. Dr. Olinger, Member was absent.

Staff in attendance: Candice Hilton, Gary Robison, Angie Biggs.

Other Attendees: Jennifer Knapp, Indiana Fire Chiefs Association; Art Logsdon, ISDH, Katie Gatz, ISHD, Derek Zollinger, ISDH.

Current Status of Reporting:

1. Total of 650 (sic) actually approx 850 including non-transport providers.
2. 190 Providers reporting on legacy system (many are BLS non-transport who are not required to report)
3. 14 are reporting on NEMSIS compliant system. All on the Fire House on line software. There are no vendors sending NEMSIS compliant files for import into Fire House.
4. Those reporting on the legacy system report in various ways. Most via emails, some of which are password protected requiring substantial staff time to open, download and import into Fire House.
5. Many are not reporting because IDHS does not have a secure FTP site available for depositing. Many believe sending unsecured email is violating HIPPA rules.

Goals for Data Collection System

1. Benefit for EMS Providers
 - a. A valid, robust, interactive database of pertinent information will provide EMS organizations the ability to compare their system call volumes and response capabilities to other locations in the state and throughout the nation and identify areas of improvement or validate the system in place.
2. Benefit to the State
 - a. A valid, robust, interactive database of pertinent information will assist the state in identifying areas of the state in need of support to develop a comprehensive EMS system.
 - b.

3. Goals to achieve
 - a. Have 100% of transporting EMS organizations reporting to the Commission in the approved format by January 1, 2015.
 - b. Establish an interactive, on-line reporting tool for use by providers and other approved users to generate performance and comparison reports based on data submitted by Indiana EMS organizations.

Discussion Points

1. An Indiana-specific data element requires software vendors to write Indiana-specific extract programs over and above programs written to comply with NEMSIS data sets. This requires providers to spend money with their software vendors to create these extract programs. In some cases, the software vendor refuses to write them resulting in non-compliance to Indiana's reporting rule.

Mr. Valentine made a motion to recommend to the EMS Commission to revise 836 IAC 1-1-5 (b) by removing the Indiana-specific data elements (which are to be provided to staff by Chairman Lockard).

The motion was seconded by Mr. Archer and the motion passed unanimously.

2. Multiple certification levels for one provider results in confusion as to who should be reporting in what categories of providers.
3. State level funding – There are a myriad of programs and systems that can be accessed to enhance the data collection and reporting system. However, current funding is from a NHTSA grant that is diminishing and there is minimal funding available to take advantage of many of these programs.
4. Currently, processing EMS data submissions is a very labor-intensive, time consuming endeavor. A more automated system is needed.

Action Items

1. Communicate with providers to determine why they are not reporting to assist in determining what the state can do to achieve stated goals.
2. Write a statement of need and communicate that statement to the EMS community.
3. Begin a rule change to better align Commission mandated data elements to the NEMSIS data set. Such a rule change will eliminate a significant cost to Indiana EMS organizations that have to pay vendors to create an Indiana-specific extract program.
4. Determine if the EMS Commission can accept submissions minus Indiana-specific data established in IAC 836 1-1-5 (b) before a rule change is adopted.
5. FTP site is being established but have run into delays by IOT. It is hoped the FTP site is up and operational by the EMS Commission Meeting on the 21st.

Recommendations to the Commission

1. Request the EMS Commission to change 836 IAC 1-1-5 (b) to require data submission of the 85 minimum data elements of listed by NEMSIS v2.1 by January 1, 2015. Providers may submit additional NEMSIS-compliant data elements.

Such a rule will have no fiscal impact. In fact, this rule change will reduce costs to providers by eliminating the need to pay software vendors for additional programming necessary to meet Indiana's specific requirements

2. Request staff to send a letter to each EMS provider organization by January 1, 2013 informing them of the requirement to submit data to the state, explaining the need for such data collection, and ask the providers what issues prevents them from complying with the rule. Data collected from this communication will be used by the Committee to identify further actions to improve reporting before January 1, 2015.
3. Consider denial of provider certification for non-compliance to data submission rule after January 1, 2015.